

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	INHALATION THERAPY DEVICE
Attorney Docket Number::	12684.12USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Titus  
Middle Name::  
Family Name:: SELZER  
Name Suffix::  
City of Residence:: München  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Fürstenriederstrasse 141  
City of mailing address:: München  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 80686

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Jürgen  
Middle Name::  
Family Name:: PFRANG  
Name Suffix::  
City of Residence:: Germering  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Marktstrasse 14

Initial 12/29/04

City of mailing address:: Germering  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 82110

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Markus  
Middle Name::  
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Name Suffix::  
City of Residence:: Diessen  
State or Province of Residence::  
Country of Residence:: Germany  
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City of mailing address:: Diessen  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 86911

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/007114	07/03/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 29 889.0	07/03/02	Yes

### Assignee Information

Assignee Name:: PARI GMBH SPEZIALISTEN FÜR EFFEKTIVE  
INHALATION

Street of mailing address:: Moosstrasse 3

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State or Province of mailing address::

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Initial 12/29/04